02.01.2018 SMMC Amendment Log

This log is provided only for convenience and should not be relied upon as a formal record of proposed revisions.

Topic/Section	SMMC Contract Location	Change	Reason for Change
Multiple Locations in Contract			
Technical Revisions	Multiple Locations	See Draft	Technical items include grammar, formatting, updating links, and uniformity revisions
Attachment I, Scope of Services			
Managed Care Plan Rates	Exhibit I-C	Rates for October 1, 2017 through September 30, 2018 added	New Rate Tables
Exhibit I-E, Medical School Faculty Physician Group Pass-Through Payment Minimum Fee Schedule Arrangement PMPM Rate Components Capitation Rates	Exhibit I-E	Exhibit Renamed; Fee Schedule Updated	New Fees
Physician Incentive Program Summary	Exhibit I-F	Revised MPIP Summaries added	Newly approved MPIP's
Attachment II, Core Contract Provisions			
Definitions and Acronyms-Definitions	Section I.A.	Florida Medicaid Definitions Policy (Rule 59G-1.010, F.A.C.) incorporated by reference	Applies definitions of commonly used terms that all applicable to all sections of Rule Chapter 59G, F.A.C. to the contract unless otherwise specifically stated.
Definitions and Acronyms-Definitions	Section I.A. (Various terms added)	See Draft; Definitions added reflective of Rule 59G-1.010, F.A.C.	Incorporation of specific definitions from Rule 59G to the Contract
Definitions and Acronyms-Acronyms	Section I.B.	Acronym "HCAC" added for Health-Care Acquired Condition	Acronym appears in the definition of Health-Care Acquired Condition
General Overview	Section II.C.13.	See Draft	Agency notification of denial or resumption of payment for new admissions to SNFs by federal CMS per 42 CFR 488.417
General Overview	Section II.D.3.	See Draft; Text replaced with applicable CFR citation	Managed Care Final Rule 42 CFR 438.100
General Overview	Section II.D.11.	Deletion of reference to DCF for Medicaid Fair Hearings	The Agency is conducting Medicaid Fair Hearings for SMMC enrollees.
General Overview	Section II.D.13.	See Draft	Incorporation of Florida Medicaid Coverage Policies in addition to Florida Medicaid Coverage and Limitations Handbooks.
General Overview	Section II.D.29.a.	Deletion of reference to maximum enrollment level	Maximum enrollment levels were removed from the Contract.
Eligibility and Enrollment-Marketing	Section III.D.1.g.	Insertion of "YouTube" and "LinkedIn" to examples of social/electronic media.	Additional social media platforms added to the Contract
Eligibility and Enrollment-Marketing	Section III.D.13.d.	Maximum nominal gift value increased from $50 to $75	Maximum nominal gift value increased

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Enrollee Services and Grievance and Appeal System	Section IV.A.7.b.(8)	Modification of CFR reference	Managed Care Final Rule 42 CFR 447.82
Enrollee Services and Grievance and Appeal System	Section IV.C.5.h.	See Draft	Incorporate Managed Care Final Rule language regarding plan payment of services enrollee received while appeal was pending.
Enrollee Services and Grievance and Appeal System	Section IV.C.5.m.(1)	Addition of requirement to provide written notice of resolution of expedited plan appeals.	Incorporate Managed Care Final Rule 42 CFR 438.408(d)(2)(ii)
Covered Services	Section V.A.1.d.(1)	Addition of CFR reference	Managed Care Final Rule 42 CFR 438.210(a)(5)(i)
Covered Services	Section V.B.3.a.	See Draft	Plan Evaluation Tool (PET) is not applicable.
Covered Services-Care Coordination/Case Management	Section V.E.1.a.	See Draft	Incorporation of requirements of 42 CFR 438.208(b)(2)(ii)
Provider Network	Section VI.C.5.c.	See Draft	Requirement for plans to comply with Managed Care Final Rule 42 CFR 438.410(b)
Provider Network	Section VI.C.6.c.(22)	See Draft	Incorporation of record retention requirements in Managed Care Final Rule 42 CFR 438.3(u)
Provider Network	REV. 01/25/2018 Section VI.C.6.c.(33)	Rejection of erroneous deletion of "Agency shall"	Technical change
Provider Network	Section VI.C.6.c.(39)-New	See Draft	Managed Care Final Rule 42 CFR 438.608(d)(2)
Provider Network	REV. 01/25/2018 Section VI.C.8.e.	Rejection of erroneous deletion of "Agency shall"	Technical change
Provider Network	Section VI.C.8.j.	See Draft	Managed Care Final Rule 42 CFR 438.608
Provider Network	Section VI.D.5.f.	See Draft	Requirement for plans to maintain complete and accurate report of all complaints and make records available to Agency upon request.
Quality and Utilization Management	Section VII.A.1.	See Draft	Add requirement for compliance with Managed Care Final Rule
Quality and Utilization Management	Section VII.A.2.	Incorporation of CFR citation for performance incentives	Managed Care Final Rule 42 CFR 438.6(b)
Quality and Utilization Management	Section VII.A.3.b.	See Draft	Managed Care Final Rule 42 CFR 438.332.
Quality and Utilization Management	Section VII.A.5.a.	See Draft	Addition of updated QI Plan submission deadline
Quality and Utilization Management	REV. 01/25/2018 Section VII.A.5.a.	January 10, 2018 due date changed to "as directed by the Agency"	Replacement of past (January 10, 2018) due date prior to amendment effective date.
Quality and Utilization Management	Section VII.B.1.b.	See Draft	Technical correction

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Topic/Section	SMMC Contract Location	Change	Reason for Change
Quality and Utilization Management	Section VII.B.2.	See Draft	Subheading title changed
Quality and Utilization Management	Section VII.D.1.c.	See Draft	Addition of deadlines for plan to submit survey tool and cover letters
Quality and Utilization Management	REV. 01/25/2018 Section VII.D.1.c.	January 10, 2018 due date changed to "as directed by the Agency"	Replacement of past (January 10, 2018) due date prior to effective date of amendment.
Quality and Utilization Management	REV. 01/25/2018 Section VII.D.2.a.	January 10, 2018 due date changed to "March 15"	Replacement of past (January 10, 2018) due date prior to effective date of amendment.
Quality and Utilization Management	Section VII.G.1.a.(3)	Correction of CFR citation	Managed Care Final Rule 42 CFR 438.236 (c)
Quality and Utilization Management	Section VII.G.3.a.	Correction of CFR citation	Incorporate correct citation in the Contract
Administration and Management	Section VIII.A.7.	See Draft	New federal CMS rule for requirements of plans' emergency management plan
Administration and Management	Section VIII.B.1.	See Draft	Incorporation of subcontract elements as required by federal CMS Checklist for Managed Care Contracts
Administration and Management	REV. 01/25/2018 Section VIII.B.1.	See Draft	Correction of formatting error (two items labeled as "e.")
Administration and Management	Section VIII.B.3.b.	See Draft	Adds subcontractor records retention requirements per federal regulations.
Administration and Management	Section VIII.B.3.f.	See Draft	Requirement for plans to add specific provisions to provider contracts and subcontracts
Administration and Management	Section VIII.C.2.d.	Increase electronic record retention to ten (10) years	Managed Care Final Rule 42 CFR 438.3(u)
Administration and Management	Section VIII.D.1.i.	See Draft	42 CFR 488.479, regarding nursing facility provider payments
Administration and Management	Section VIII.D.1.q. (New)	See Draft	Add plan accountability for maintaining accurate enrollee and provider information relative to clams processing and provider payment.
Administration and Management	Section VIII.D.2.c.(3)(d)	"s. 641.3155" amended to add subsection; is now "s. 641.3155(3)(e), F.S."	Specification of statutory reference (subsection)
Administration and Management	Section VIII.E.1.c.	See Draft	Removal of duplicate timeframe; see Managed Care Final Rule 42 CFR 438.604
Administration and Management	Section VIII.E.3.c.(2)	Record retention amended to reflect ten (10) years.	Managed Care Final Rule 42 CFR 438.3(u)
Administration and Management-Fraud and Abuse Prevention	Section VIII.F.1, F.2, and F.3.	Addition of "waste" to "fraud and abuse"; citation of federal regulation reporting reference added.	Managed Care Final Rule 42 CFR 438.608
Administration and Management-Fraud and Abuse Prevention	Section VIII.F.4.b.	Alignment of contract reporting timeline with federal regulation timeline	Managed Care Final Rule 42 CFR 438.608
Administration and Management-Fraud and Abuse Prevention	Section VIII.F.4.c.(6)	See Draft	Include measures of plan's overall effectiveness in identifying and recovering Medicaid overpayments and to what those overpayments are attributed.

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Topic/Section	SMMC Contract Location	Change	Reason for Change
Administration and Management-Fraud and Abuse Prevention	Section VIII.F.4.d.(4)	See Draft; no new language sub item repositioned	Moved subsection to reflect mandatory requirement for item in the plan's compliance plan, anti-fraud plan and fraud and abuse policies and procedures.
Administration and Management-Fraud and Abuse Prevention	Section VIII.F.4.d.(10)(a)	Addition of federal regulation citation	Refer to 42 CFR 438.3(h)
Administration and Management-Fraud and Abuse Prevention	Section VIII.F.5.a.	Addition of federal regulation citation	Strengthen requirement for plan compliance with 42 CFR 438.608
Method of Payment	Section IX.B.1.a.	See Draft	Maximum enrollment levels were removed from the Contract.
Method of Payment	Section IX.B.2.b.	Addition of federal regulation citation	See 42 CFR 438.608(c)(3)
Method of Payment	Section IX.B.2.f.	See Draft	Require compliance with 42 CFR 438.8(k) and (m) regarding Achieved Savings Rebate (ASR)
Method of Payment-Errors	Section IX.B.3.	See Draft	Managed Care Final Rule 42 CFR 438.602(c)
Method of Payment - Achieved Savings Rebate	Section IX.B.5.a.	See Draft	Managed Care Final Rule 42 CFR 438.6(b)(3)(i)-(iv) and 42 CFR 438.340
Financial Requirements	Section X.D.1.c. (New)	See Draft; Addition of requirement for plan to enter coordination of benefits agreement with Medicare	Refer to 42 CFR 438.3(t)
Financial Requirements	Section X.G.	See Draft	Federal CMS Checklist for Managed Care Contracts; Also see Section 1903(m)(4((A)-(B) of the Social Security Act (SSA)
Special Terms and Conditions	Section XII.D.	See Draft	Inclusion of requirements in Federal CMS Checklist for Managed Care Contracts; Managed Care Final Rule 42 CFR 438.602 Subpart H
Special Terms and Conditions	Section XII.D.2. (New)	See Draft	Incorporate Managed Care Final Rule 42 CFR 438.602(i) requirement that plan be located in the U.S.
Special Terms and Conditions	Section XII.D.4.	See Draft	Incorporate Managed Care Final Rule provisions
Liquidated Damages	Section XIII.B. Liquidated Damages Issues and Amounts	See Draft	Amended Core Program Issues and associated Damages
Liquidated Damages	REV. 01/25/2018 Section XIII.B. Liquidated Damages Issues and Amounts (New Item 91.)	See Draft	Adds LD for plan's non-compliance with 42 CFR 455.23 and s. 409.913(25)(a) F.S., relative to providers ineligible for payment.
Reporting Requirements	Section XIV.A.3.a.	See Draft	Duplicate reporting requirement removed; new reporting requirement added.
Attachment II, Exhibit II-A - Managed Medical Assistance (MMA) Program			
Enrollee Materials	Section IV.A.1.a.(14)	Inclusion of website for additional coverage information for MediKids enrollees	Requested by federal CMS's Center for Consumer Information & Insurance Oversight

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Topic/Section	SMMC Contract Location	Change	Reason for Change
Covered Services	Section V.A.1.a.(9)	"Child Health Check-Up" changed to "Well-child Visits"	Incorporate correct service title
Covered Services-Hearing Services	Section V.A.1.a.(14)	Addition of plan requirement to provide medically necessary cochlear implant devices	Incorporate Policy Transmittal (PT) 16-15
Covered Services-Hospital Services	Section V.A.1.a.(17)(h)	Provisions related to Provider-Preventable Conditions (PPCs) moved to Section VIII.D.	PPCs are related to hospital and provider payment, claims and contracting requirements rather than benefits in covered services.
Covered Services-Medical Supplies, DME, Prostheses and Orthoses	Section V.A.1.a.(19)	Addition of covered service for enrollees transitioning services from PAC Waiver due to Waiver Consolidation. This service otherwise subject to limitations specified in the Handbook.	Waiver Consolidation-Ensure (former) PAC Waiver enrollees can continue to receive services under MMA
Covered Services-Prescribed Drug Services	Section V.A.1.a.(25)(c)	Addition of CFR reference	Compliance with CMS Guide, item # I.F.12.06
Covered Services-Prescribed Drug Services	Section V.A.1.a.(25)(m)	Sub-item revised to remove elements of the HSA Ombudsman Log Report	Items moved to HSA Ombudsman Log Report Chapter in the Report Guide.
Covered Services-Prescribed Drug Services	Section V.A.1.a.(25)(n)	Sub-item deleted in its entirety	Unnecessary text; No longer required for the Hernandez Settlement Agreement (HSA).
Covered Services-Prescribed Drug Services	Section V.A.1.a.(25)(o); sub-items (i) through (v)	Sub-items deleted in their entirety	Items being moved to the HSA Survey Report in the Report Guide.
Covered Services-Prescribed Drug Services	Section V.A.1.a.(25)(s)	Language added to specify that the Agency will reimburse Exondys 51 and Spinraza via fee-for-service	Plans shall not be responsible for reimbursement of these drugs.
Covered Services-Prescribed Drug Services	Section V.A.1.a.(25)(w)	Sub-item relocated within the Contract	Language was relocated to Section VII.G.8.
Covered Services-Therapy Services	Section V.A.1.a.(27)	Addition of massage therapy as a covered services for enrollees diagnosed with AIDS	Waiver Consolidation-Ensure (former) PAC Waiver enrollees can continue to receive massage therapy.
Covered Services	Section V.A.2.	See draft	Inclusion of freestanding psychiatric specialty hospital language
Covered Services-Care Coordination/Case Management, Healthy Behaviors Program	Section V.E.3.h.	Addition of requirements for incentives and rewards to be "reasonable, simple and provided on a timely basis."	Add new Healthy Behavior Program clarifications
Covered Services-Addtl Care Coordination/Case Mgmt Requirements	Section V.E.4.f.	Addition of requirements regarding enrollees with special health care needs.	Managed Care Final Rule 42 CFR 438.208 (c)

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Topic/Section	SMMC Contract Location	Change	Reason for Change
Provider Network	Section VI.A.4.h.	Authorizing provider types eligible to provide massage therapy to enrollees with HIV/AIDS and ensure availability of providers.	Waiver Consolidation; Ensure (former) PAC waiver enrollees can continue to receive massage therapy services through health plan
Provider Network-Facilities and Ancillary Providers	Section VI.A.6.e.	Language added to clarify that a plan "may offer" a provider contract to specific licensed HME and supplies providers and DME providers in the region.	Align Contract with legislative changes made to s. 409.975(1)(e), F.S.
Provider Network-Timely Access Standards	Section VI.A.8.	Format change only; Relocation of timely access standards for well-child visits	Placement of all Timely Access Standards in same location within the Contract
Quality and Utilization Management-Performance Measures	Section VII.B.1.a. (Table)	See Draft	Addition of new PM's and notifications of end dates for PM's to be discontinued.
Quality and Utilization Management	REV. 01/25/2018 Section VII.B.1.a.	Deleted Item 23. Frequency of Ongoing Prenatal Care	Measure retired by NCQA October 2017
Quality and Utilization Management	Section VII.B.2.	See draft	"Child Health Check-Up" replaced with "Well-Child Visit" to incorporate current service name.
Quality and Utilization Management	Section VII.G.	Language amended to require compliance with federal Managed Care Rules	CMS Final Managed Care Rule
Quality and Utilization Management	Section VII.G.8. and G.9.	Language added to require plan compliance with drug utilization review program.	CMS Final Managed Care Rule 42 CFR 438.3(s)(2); 42 CFR 438.3(s)(4), and (5).
Quality and Utilization Management	Section VII.G.10.	Language added to require plans to conduct a PA program for pharmacy services in accordance with CFR.	CMS Final Managed Care Rule 42 CFR 438.3(s)(6)
Administration and Management-Claims and Provider Payment	Section VIII.D.2.	See draft	MPIP Reporting Requirements
Administration and Management-Claims and Provider Payment	Section VIII.D.11	See Draft	Formatting change to correct duplicate items labeled as "11."
Administration and Management-Claims and Provider Payment	Section VIII.D.12	Language added regarding direct reimbursement of manufacturers of cochlear implant devices or facility performing the service for the implant device by the plan.	Incorporate Policy Transmittal (PT) 16-15
Administration and Management-Claims and Provider Payment	Section VIII.D.16	Provisions related to Provider-Preventable Conditions (PPCs) relocated from Section V.A.1.a.(17)	PPCs are related to hospital and provider payment, claims and contracting requirements rather than benefits in covered services.
Administration and Management-Encounter Data Requirements	Section VIII.E.1.	Sub-item added to require that encounter data submissions include PPC information.	Section 2702 of the Patient Protection and Affordable Care Act (ACA), the Florida Medicaid State Plan and 42 CFR 434.6(12) and 447.26.

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Topic/Section	SMMC Contract Location	Change	Reason for Change
Administration and Management-Encounter Data Requirements	Section VIII.E.2.	Sub-item added to require plan compliance with encounter claim requirements for outpatient drugs purchased through the Federal Public Health Service's 340B Drug Pricing Program	Managed Care Final Rule 42 CFR 438.3(s)(3)
Administration and Management-Encounter Data Requirements	Section VIII.E.3.	Sub-item added to require plan to report drug utilization data necessary for Agency to bill manufacturers for rebates.	Managed Care Final Rule 42 CFR 438.3(s)(2)
Method of Payment	Section IX.B.1. (New)	See Draft	PDN Risk Adjustment
Method of Payment	Section IX.B. (Transplant Kick Payment Rates table)	See Draft	Updated rates effective October 1, 2017
Financial Requirements-Financial Reporting	Section X.F.1.	CFR Citations and language added in reference to Medical Loss Ratio Reporting	Managed Care Final Rule
Sanctions	Section XI.C.f.	See draft	NCQA retirement of specific measurements will eliminate requirement to report those measures to the Agency.
Sanctions	Section XI.C.f.(2)	See draft	Increase in percentage for Medication Management for People with Asthma
Liquidated Damages	Section XIII.C.4.	See draft	NCQA retirement of specific measurements will eliminate requirement to report those measures to the Agency.
Liquidated Damages	REV. 01/25/2018 Section XIII.C.4.(t)	Removed Frequency of Prenatal Care measure.	NCQA retirement of specific measurements will eliminate requirement to report those measures to the Agency.
Reporting Requirements	Section XIV.A.	Addition of MMP Physician Incentive Payment Report	MPIP Reporting Requirement
Attachment II, Exhibit II-B - Long-term Care (LTC) Program			
Eligibility and Enrollment	Section III.A.1.b.	Addition of eligible recipients with Cystic Fibrosis that meet hospital level of care to the mandatory populations for enrollment in LTC	Waiver Consolidation-Transition of eligible ACF Waiver participants to LTC
Eligibility and Enrollment	Section III.A.2.	TBI/SCI, PAC and ACF waivers removed from list of voluntary populations for enrollment in a managed care plan	Waiver Consolidation
Enrollee Services and Grievance and Appeal System-Enrollee Materials	Section IV.A.1. a.	See Draft	Incorporation of requirements for plans to use DCF forms CF-ES and 2506A for HCBS and NF enrollees, respectively

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Covered Services-Care Coordination/Case Management	Section V.E.2.b.(3)	Addition of enrollment date into calculation of compliance with follow up requirements, and bases service initiation on the authorized plan of care.	Ties follow-up timeframe to enrollment effective date.
Provider Network	Section VI.A.1.g.	Removal of reference to "maximum enrollment level"	Maximum enrollment no longer included in the Contract
Provider Network	Section VI.C.1.e.	Creation of reporting requirement for plans to provide reports demonstrating provider network qualifications	Information currently requested on an ad hoc basis is becoming part of the Reporting Requirements.
Provider Network	Section VI. Table 1	Replacement of "LTC Minimum Network Adequacy Requirements Table" with the "LTC Provider Network Standards Table"	Incorporate new LTC Provider Network Standards Table
Provider Network-Medical/Case Records Requirements	Section VI.E.1.b.(5)(d)	Addition of specific documentation requirements for assessing enrollees' environmental and other special needs.	Require full documentation by plan that enrollee's environmental characteristics has been observed.
Quality and Utilization Management	Section VII.A.2.	Addition of Requirement for plan to: establish and maintain an enrollee advisory committee that meets twice annually; and submit specified documentation to the Agency by October 1st of each year.	Managed Care Final Rule 42 CFR 438.110(a)
Quality and Utilization Management	Section VII.B.3.	Addition of requirement for plan's Annual Quality Assessment and Performance Improvement Program report to comply with applicable CFR.	Managed Care Final Rule 42 CFR 438.330(b)(5)(i) and (ii)
Quality and Utilization Management	REV. 01/25/2018 Section VII.D.1.c.	January 10 due date changed to March 15	Replacement of past (January 10, 2018) due date.
Quality and Utilization Management	Section VII.G.1.f. and 1.g.	Addition of requirement for plan compliance with revisions to annual UM Program Description	Managed Care Final Rule 42 CFR 438.330(b)(5)(i) and (ii)
Administration and Management	Section VIII.A.2.a.	See Draft; new report name	Case File Audit Report is added in lieu of the Case Manager Monitoring and Evaluation Report
Administration and Management	Section VIII.A.3.f.	Addition of requirement for plans to submit reports to Agency on case manager training	Information currently requested on an ad hoc basis is becoming part of the Reporting Requirements.
Reporting Requirements	Section XIV.A.1.	Requirement to submit two new reports: Case Manager and Provider Training Report and Provider Network and Qualifications Report	New reporting requirements
Attachment II, Exhibit II-C Specialty Plans			
Child Welfare			
Quality and Utilization Management-Performance Measures	Section VII.B.1.a.	See Draft	Addition of Specialty Plan-Specific Performance Measure Requirements.
Chronic Disease			
Quality and Utilization Management-Performance Measures	Section VII.A.1.c.		Removal of requirement to report on MMA Performance Measures